

RUSHDEN URBAN DISTRICT



ANNUAL REPORT

of the

Medical Officer of Health

for the

Year 1968



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SUMMARY OF VITAL STATISTICS, 1968

Area (in acres)	3823.2
Population 1961 (census)	17,377
„ 1968 (mid-year estimate)	...	...	...	...	...	...	17,850
Number of separate dwellings occupied 1961 (census)	...	...	...	...	...	...	6,107
„ „ „ „ „ 1968 (estimate)	...	...	...	...	...	...	7,020
Rateable Value, 31/12/1969	...	...	...	...	...	...	£733,050
Product of a penny rate, 1968/69: Estimated	...	...	...	...	...	...	£3,020

Live Births

					<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ...	...	...	...	...	179	152	331
Illegitimate	...	...	...	...	14	13	27
					193	165	358

Rate per 1,000 population—20.1

Area Comparability Factor—1.08

Adjusted rate per 1,000 population—12.7

Stillbirths

Legitimate ...	...	...	...	...	1	1	2
Illegitimate	...	...	...	...	1	—	1
					2	1	3

Rate per 1,000 live and still births— 8.3

Deaths (all causes) 130 103 233

Rate per 1,000 population—13.1

Area Comparability Factor—0.95

Adjusted rate per 1,000 population—1.05

Maternal Deaths

Deaths ascribed to pregnancy, childbirth and abortion—1

Infant Mortality					<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	1	5	6
Illegitimate	—	—	—
					1	5	6

Rate per 1,000 live births—16.76



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Rushden Urban District Council.

Members of the Public Health Committee :

COUNCILLOR H. W. CATLIN (Chairman), COUNCILLORS W. A. CLARKE, R. D. GILHOOLEY, A. E. GOULSBRA, G. V. R. HOOTON, R. H. MARRIOTT, A. F. MILLS, MRS. D. E. SHRIVE AND J. E. WILLS.

COUNCILLOR E. E. NEWELL, Chairman of the Council, was a member *ex-officio*.

Public Health Officers of the Local Authority :

Acting Medical Officer of Health :

JOAN M. ST. V. DAWKINS, M.B., B.S., D.P.H., D.C.H.

also holds appointments of

Medical Officer of Health, Brackley and Daventry Borough Councils, Brackley, Daventry, Brixworth, Northampton and Towcester Rural District Councils, Acting Medical Officer of Health to Oundle, Raunds Urban District, Oundle and Thrapston Rural and Higham Ferrers Borough and Senior Assistant Medical Officer Northamptonshire County Council.

Chief Public Health Inspector, Meat Inspector :

H. W. ELLIS, M.R.S.H., M.A.P.H.I.

Additional Public Health Inspector :

L. SAUNBY, M.A.P.H.I.

Meat Inspector :

J. BAMBER

Telephone :
Office : Northampton 34833

HEALTH DEPARTMENT,
COUNTY OFFICES,
GUILDHALL ROAD,
NORTHAMPTON.

To the Chairman and Councillors of the Urban District of Rushden.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the annual report for 1968 incorporating that of the Public Health Inspector.

The report is presented in eight sections each relating to an environmental aspect of the health of the district, and given with the relevant statistics. In addition some comments are given on general trends which show some evidence of becoming hazards to health either now or in the future.

The vital statistics for the year show that according to the mid-year figure of the Registrar General the population has increased to 17,850 from 17,690 and that the number of births has increased from 333 to 358 and that there were 7 more deaths, the figures being 233 in 1968 and 226 in 1967.

The incidence of infectious disease was, apart from measles, low. There were 98 cases of measles. During the year measles vaccination was introduced, and it is to be hoped that the incidence of this hitherto universal disease, often severe and causing both distress and complications, may now decline. It continues to be necessary, however, to maintain a watchful eye in relation to infectious diseases generally. Should standards fall infection could recur. This is particularly important in relation to a high public response to immunisation which in many areas is too low. Parents are reminded that it is vitally important to have their children immunised to diphtheria, poliomyelitis, tetanus, whooping cough, smallpox and now measles, not forgetting the necessary booster immunisations. Tuberculosis vaccination follows later—in the early teens. Infections which are food borne are also far too prevalent, and a high standard in the sale, preparation and storage of food must be maintained. Clean milk, pure water and efficient meat inspection is also essential. These standards are sustained by constant inspection, exhortation and sampling by the local authority but the public themselves must co-operate both in refusing to accept unsatisfactory practices in shops and cafes and by keeping strict methods in their homes and in their own personal hygiene.

While the environmental situation in relation to health improves annually new problems arise. A rising population together with an affluent, highly mobile society are producing new environmental problems, the solution of which will cause many further challenges. The quantity

of refuse increases annually together with the problem of its future disposal. Additional housing and the modernisation of older properties giving everyone a piped water supply and suitable sewage disposal has added to water consumption and emphasised the continual need for modern methods of sewage control. Increasing ownership of motor cars, and transportation by road of goods requires adequate motorways and presents the tragic problem of death and mutilation from road accidents. The pollution of rivers and water courses by insecticides and other chemicals, the mass production of food using factory farming methods and chemical additives, the universal use of detergents, atmospheric pollution, the increase of noise in cities, all present new problems which could be as hazardous to health as the infectious diseases of the past.

In relation to personal health, while children and young adults have never been healthier, and people are living longer there remain many problems, both of preventable disease, and in the relief of suffering. The causes of some fatal and other crippling diseases are as yet unsolved. There remains the enigma of cancer, and that of the rheumatic diseases with its allied afflictions of bones, joints and muscles. However, many afflictions are preventable, and these depend now less on the control of the environment than on the life the individual chooses to lead. It is our duty to observe the trends and then to inform. This information should be clearly stated, repeated constantly and the advice should give cogent reasons for its acceptance. It is disturbing to note that at the present time the tendency is for warnings to be ignored. The future health of the community will depend increasingly on the response to these facts.

In no other field is the message clearer than in the individual choice of whether to smoke or not. It is probable that 50,000 deaths a year in Great Britain are caused from cigarette smoking not only from cancer of the lung, the annual total of which is steadily rising, but from coronary thrombosis, chronic bronchitis and pneumonia. Should such a toll of death and suffering be caused by any other preventable illness, a massive machinery would be demanded to prevent it. There has been recently a national campaign, with much pressure on the government to institute cervical cytology testing, yet cervical cancer is causing less than 3,000 deaths a year. The facts relating to smoking and lung cancer are now well known, yet the message is ignored, and it is probable that the only section of the community who are smoking less are the medical profession. Cigarette smoking is a habit, becoming in some an addiction where there is no apparent immediacy of danger and when abstinence requires a sustained effort over many years with little apparent benefit. In addition the tobacco industry is world wide involving capital and employment, and governments obtain large revenues from taxation. Economic problems could result should the habit cease. Large amounts of capital are used to promote advertising, while the puny efforts of health educators with

infinitesimal reserves at their disposal go unheeded. Individuals therefore remain apathetic for lack of clear initiative. The efforts of the medical profession must continue and the need for action assiduously pressed.

In assessing illnesses which can be preventable, while smoking is a habit which can be accepted or refused, the prevention of early arterial disease is more complex. There is evidence however, that cigarette smoking may contribute to the incidence of coronary thrombosis. However, the early onset of arterial disease in males would appear to be increasing in all civilised countries in the world. Men are dying or being crippled in their prime, at the time of their greatest contribution to society, and while their commitments to their families are still high. The causes of arterial disease can only be inferred, and like cancer, these may be multiple. Some are known to be hereditary. Of the known facts the salient ones are that the incidence is lower in those who have taken regular physical exercise throughout life, and in those who are not obese. Modern life with its tendency to lessen physical exertion, with abundance of many highly refined foods increase both these factors. Thus excessive calorie intake without the compensatory effect of exercise combine to cause this early degenerative condition. It is disturbing now to consider that many young people are starting to smoke earlier than their predecessors, cease to take any form of regular exercise on leaving school and often eat excessively. Perhaps the early onset of coronary thrombosis of epidemic proportions may occur in the next or succeeding generations, should not urgent measures be taken to prevent such a catastrophe.

In the field of mental health, in spite of the relief of poverty and its attendant anxieties, there is little evidence of improvement. Indeed, the incidence of crime, the new problem of drug addiction together with disruption of family life by the increased divorce rate, in sexual permissiveness and cruelty to children indicate that our society, while experiencing both more material prosperity and physical comfort, remains immature and lacking in stability. However, I believe that the present generation of young people are the most physically sound of any generation yet produced, are probably the best educated, and indeed the great majority are leading useful and energetic lives. A minority only are seeking those diversions which are harming both themselves and others.

I wish to record my thanks to Mr. Ellis for his diligent work throughout the year, his staff and the Chairman, the Clerk and Members of the Council for their interest and support. I wish also to thank the County Medical Officer of Health for his ready co-operation at all times.

I have the honour to be,

Your obedient servant,

JOAN M. ST. V. DAWKINS,

Acting Medical Officer of Health.

October, 1969.

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SECTION A.

NATURAL AND SOCIAL CONDITIONS

Area. The Urban District of Rushden covers 3,823.2 acres. There are a number of housing estates on the perimeter and many of the houses in the town itself have open spaces in their vicinity, together with adequate provision of other parks and green spaces. The main industry is the manufacture of boots and shoes, but there are many other industries.

The density of population is 4.6 persons per acre. The number of separate dwellings is 7,020 and the housing factor is 2.5 persons per house.

Population. The Registrar General in his return for 1968 gives the population of Rushden as 17,850. This shows an increase of 160 on the figure for the previous year. There was, however, a natural increase of 125 (i.e. births minus deaths).

Births. There were 358 births during the year, 25 more than in 1967. The birth rate was 20.1 per 1,000 population, compared with 16.9 for England and Wales. The following table shows comparisons with England and Wales and the Administrative County over the past five years.

<i>Year</i>	<i>Rushden</i>		<i>County</i> <i>Rate per 1,000</i> <i>population</i>	<i>England & Wales</i> <i>Rate per 1,000</i> <i>population</i>
	<i>Total</i>	<i>Rate per 1,000</i> <i>population</i>		
1964	319	18.24	19.10	18.4
1965	363	20.63	18.85	18.1
1966	355	20.08	18.54	17.7
1967	333	18.82	18.00	17.2
1968	358	20.1	18.80	16.9

Illegitimate Births. There were 27 illegitimate births compared with 25 in 1967 giving a rate of 76.0 per thousand births compared with 75.1 for the previous year.

Stillbirths. There were three stillbirths compared with seven in the previous year, the rate per 1,000 live and stillbirths was 8.3 compared with 14.0 for the county and 14.0 for England and Wales.

Deaths. There were 233 deaths during the year, 33 more than in 1967. Over 50 of the deaths recorded were due to cancer while diseases of the heart and circulatory system accounted for more than 100 deaths during 1968.

<i>Year</i>	<i>Rushden Total</i>	<i>Rushden Rate per 1,000 population</i>	<i>County Rate per 1,000 population</i>	<i>England & Wales Rate per 1,000 population</i>
1964	199	13.38	10.56	11.3
1965	216	12.28	10.85	11.5
1966	226	12.78	11.12	11.7
1967	200	11.32	10.10	11.2
1968	233	13.1	10.9	11.9

Maternal Deaths. There were no maternal deaths.

Infant Mortality. There were 3 infant deaths during the year, six less than in 1967. The mortality rate was 8.4 per thousand live births compared with 27.00 for 1967.

The following table gives a comparison between the infant mortality rate for Rushden, the Administrative County and England and Wales over the last five years.

<i>Year</i>	<i>Rushden Total</i>	<i>Rushden Rate per 1,000 live births</i>	<i>County Rate per 1,000 live births</i>	<i>England & Wales Rate per 1,000 live births</i>
1964	6	18.8	18.4	20.0
1965	5	13.8	16.9	19.0
1966	4	11.3	16.0	19.0
1967	9	27.0	17.6	18.3
1968	6	16.7	19.00	18.0

Neonatal Mortality. This is a sub-division of the infant mortality rate and concerns infant deaths within the first four weeks of life. Two of the infant deaths were in this period, the rate per 1,000 live births being 5.6 compared with 21.0 for 1967. The following table shows the neonatal mortality rate over the last five years.

	Deaths under one month per 1,000 live births				
	1964	1965	1966	1967	1968
Rushden	15.7	11.0	5.5	21.0	5.6

Perinatal Mortality. A total of four cases (3 stillborn and 1 death under 1 week) came into this category, the mortality rate being 9.1 per 1,000 live and stillbirths.

CAUSES OF DEATH, 1968

<i>Causes of Death</i>						<i>Male</i>	<i>Female</i>	<i>Total</i>
1. Cholera						—	—	—
2. Typhoid fever						—	—	—
3. Bacillary dysentery and amoebiasis						—	—	—
4. Enteritis and other diarrhoeal diseases						—	—	—
5. Tuberculosis of respiratory system						—	—	—
6. Other tuberculosis, including late effects						—	—	—
7. Plague						—	—	—
8. Diphtheria						—	—	—
9. Whooping Cough						—	—	—
10. Streptococcal sore throat and scarlet fever						—	—	—
11. Meningococcal infections						—	—	—
12. Acute poliomyelitis						—	—	—
13. Smallpox						—	—	—
14. Measles						—	—	—
15. Typhus and other rickettsioses						—	—	—
16. Malaria						—	—	—
17. Syphilis and its sequelae						—	—	—
18. All other infective and parasitic diseases						—	—	—
19. Malignant neoplasm stomach						3	6	9
Malignant neoplasm lung, bronchus						13	4	17
Malignant neoplasm breast						—	7	7
Malignant neoplasm uterus						—	2	2
Leukaemia						2	2	4
Other Malignant neoplasm, including neoplasms of the haemotopoietic tissue						16	16	32
20. Benign neoplasms and neoplasms of unspecified nature						—	—	—
21. Diabetes mellitus						2	—	2
22. Avitaminoses and other nutritional deficiency						—	—	—
23. Anaemias						1	—	1
24. Meningitis						—	—	—
25. Active rheumatic fever						—	—	—
26. Chronic rheumatic heart disease						3	—	3
27. Hypertensive disease						3	—	3
28. Ischaemic heart disease						32	23	55
29. Other forms of heart disease						6	6	12
30. Cerebrovascular disease						14	11	25
31. Influenza						1	—	1
32. Pneumonia						7	3	10
33. Bronchitis, emphysema						11	6	17
34. Peptic ulcer						2	1	3
35. Appendicitis						1	—	1
36. Intestinal obstruction and hernia						1	—	1
37. Cirrhosis of liver						—	—	—
38. Nephritis and nephrosis						—	—	—
39. Hyperplasia of prostate						—	—	—
40. Abortion						—	—	—
41. Other complications of pregnancy, childbirth and puerperium						—	1	1
42. Congenital anomalies						2	1	3
43. Birth injury, difficult labour, and other anoxic and hypoxic conditions						—	—	—
44. Other causes of perinatal mortality						—	1	1
45. Symptoms and ill-defined conditions						—	—	—
46. Other diseases of blood and blood-forming organs						—	5	5
Mental disorders						—	—	—
Other diseases of nervous system and sense organs						—	—	—
Other diseases of the circulatory system						3	3	6
Other diseases of the respiratory system						—	—	—
Other diseases of the digestive system						—	2	2
Other diseases of the genito-urinary system						3	2	5
Diseases of the skin and subcutaneous tissue						—	—	—
Diseases of the musculoskeletal system and connective tissue						1	—	1
47. Motor vehicle accidents						1	—	1
48. All other accidents						2	1	3
49. Suicide and self-inflicted injuries						—	—	—
50. All other external causes						—	—	—
Total						130	103	233

In a review of the causes of death the primary concern is to assess which could have been prevented. In the main, people are living longer and the majority of deaths are those which occur in the older age groups, and are primarily caused by degenerative disease of the arteries and the cancers, still the inevitable concomitants of the ageing process. However, coronary thrombosis, strokes and cancer of the lung are major causes of death in the middle aged male taking an increasing toll from men in their prime and at a time when they are making a major contribution to society. These are unnecessary deaths, and must be a serious cause of concern.

Nationally this year again the number of deaths from cancer of the lung has increased ; statistics also show an increase in a lower age group. Males still predominate but females are catching up due to the increase in the number of cigarette smokers. In 1929, 2,751 died from cancer of the lung, in 1939, 6,214 ; in 1963, 24,434 ; in 1965, 26,399 ; in 1966, 27,013 ; in 1967, 28,250 ; and in 1968, 28,826, 23,896 males and 4,930 females.

The relationship between heavy cigarette smoking and cancer of the lung has been well established. It can also contribute to other chest conditions such as chronic bronchitis and may be an adverse factor in coronary heart disease. Yet each year thousands of young people start to smoke and many others continue to indulge in heavy cigarette smoking. The efforts of health education would appear to be having little success. It may be easy to achieve a public response to single and immediate requests such as attendance for immunisation but to succeed in long term influence is another matter. In trying to prevent lung cancer we are asking for a sustained effort over many years so that habits are inculcated which will reduce a risk which has no apparent immediate effect. Our aim must, however, continue to be directed, by all means at our disposal, towards young people in an endeavour to prevent them from initially acquiring the smoking habit. Those whom children admire, and therefore emulate have a responsibility to show by their example that cigarette smoking is a foolish habit. Parents, teachers, youth leaders, sportsmen, actors, pop stars and all those whom the young may follow need to realise how considerable is their own influence and example in this respect.

The emergence of early degenerative disease of the arteries is now becoming significant especially among middle aged males. These men in their prime and at a time of their greatest contribution to society are often killed or crippled by coronary thrombosis or strokes. This disease which now assails all the highly developed communities is a challenge which is not being met. The majority of individuals are unaware of the dangers of a pattern of life, assumed in early adulthood and followed without change until the cataclysm strikes them. The causes remain unsolved, and the factors involved are probably multiple. However,

one salient feature is apparent, and this is the simple one that early arterial disease is less evident in those who take regular physical exercise. Today, with mechanisation of industry, the widespread use of motor vehicles, entertainments which require no physical participation, particularly the almost universal use of television together with an increase in the number of workers whose work is almost entirely sedentary, the proportion of people who have adequate exercise is declining. It is therefore wise to establish the habit of being as physically active as possible starting after leaving school and continuing with suitable modification to the years. While at school the emphasis is on team games, and many children fail to continue their activity after leaving school. However, swimming, squash, golf, fishing, sailing, walking, dancing, horse riding and gardening are all activities that can be continued either alone or with small groups, and some of these, suitably adapted may go on throughout life. The daily walk, especially if demanded by a dog, thus ensuring its regularity, is specially recommended as this is an activity which can be pursued to old age. This, together with the need to exercise some moderation in the consumption of food, to watch against obesity and the endeavour to maintain a benign and tolerant attitude to life and labours may indeed help to avert an early onset of arterial degeneration.

A small decline of approximately 7% can be reported in deaths from road accidents and this is attributed to the breathalyzer test. In 1967 7,487 and in 1968 6,810 people died as a result of accidents on the roads compared with 7,985 in 1966. Since the beginning of the century, road accidents in Great Britain have caused over 300,000 deaths. Thus on an average day 20 people die as a result of such an accident, one road user being killed nearly every hour. Analysis by age has shown the 15-26 age group males predominating, and is most probably due to the temperamental failure of this age group. The necessity of proper maintenance of the vehicle, habitual use of safety devices such as belts in cars and helmets for motor cyclists, and driving with due consideration for the safety of other road users is stressed.

Confirmed figures regarding accidents in the home for 1968 have not yet been published but provisional figures indicate a general worsening of the situation. The following is a report on Home Accident Deaths in Great Britain in 1967 published in July, 1969 in the Home Safety Journal, a R.O.S.P.A. publication, and is given in detail.

The total number of accidental deaths in and around the home in Great Britain in 1967 was 7,909. There were 6,722 deaths in private homes and 1,187 in residential institutions. Thus there were 674 (or 7.9%) fewer fatalities than in 1966. It was in fact the lowest total for ten years.

Home accident deaths constituted over 38 percent of all accident fatalities in 1967, and accounted for 1.3% of deaths due to all causes.

The annual totals of home accident fatalities in England and Wales and in Scotland for the ten years 1958-67 are given in the table below.

In England and Wales there was a reduction of 7.2% compared with the previous year. In Scotland deaths decreased by 11.9%.

<i>Deaths</i>		1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
England and Wales	...	7,001	7,010	7,030	6,882	7,627	8,024	7,370	7,330	7,470	6,929
Scotland	...	1,156	1,147	1,115	1,262	1,297	1,275	1,276	1,157	1,113	980
Total	...	8,157	8,157	8,145	8,144	8,924	9,299	8,646	8,487	8,583	7,909

The second table gives an analysis of the 1967 figures according to cause, age-group and sex. Death rates per 100,000 population are also given.

In the four main cause categories fatalities showed a reduction compared with 1966, although deaths due to “ other ” causes increased. Deaths to children aged 5-14 numbered the same as before, and in the age-group 45-64 years there was a slight increase.

Cause of Death			Age-group (years)					Sex		Total Deaths
			0-4	5-14	15-44	45-64	65+	Male	Female	
Poisoning	...	...	33	13	316	494	624	637	843	1,480
Falls	...	...	78	12	75	336	3,906	1,252	3,155	4,407
Burns and Scalds	...	...	123	45	60	135	428	325	466	791
Suffocation and Choking	...	...	526	7	71	74	64	421	321	742
Others	...	...	114	38	115	89	133	288	201	489
Total	...	...	874	115	637	1,128	5,155	2,923	4,986	7,909
Death Rate*	...	...	18.8	1.5	3.0	8.5	77.5	11.2	18.1	14.8

*Deaths per 100,000 population

Sixty-five percent of the deaths in 1967 were in the age-group 65 and over. Eleven percent of the total fatalities were to children under five years old.

The annual figures of home accident fatalities in Great Britain for the five years 1963-67, analysed according to cause, are given in the following table :

<i>Cause of Death</i>				1963	1964	1965	1966	1967
Poisoning	...	...	...	2,124	1,782	1,697	1,719	1,480
Falls	...	...	...	4,830	4,641	4,538	4,660	4,407
Burns and Scalds	...	...	...	1,058	886	872	951	791
Suffocation and Choking	...	...	...	792	896	900	812	742
Others	...	...	...	495	441	480	441	489
Total	...	...	...	9,229	8,646	8,487	8,583	7,909

Falls constitute the first and foremost cause of accident fatalities in and around the home, accounting for more deaths than all other causes together. The 1967 toll was 4,407, i.e. nearly 56% of the total. About six out of ten of the deaths were due to falls on one level—tripping, slipping and stumbling. And more than a quarter of the fatalities were caused by falling from one level to another, e.g. down stairs, from ladders, etc. The remainder were due to unspecified falls. Nearly 89% of the victims of falls were aged 65 years and over.

Poisoning is always the second most frequent cause of home accident deaths. In 1967 in Great Britain fatalities due to poisoning numbered 1,480, i.e. nearly 19% of the total. Over 43% of the accidents involved household gas, the toll being 642. In this category the majority of the victims were elderly. Deaths caused by other gases numbered 63. Poisoning fatalities due to solid and liquid substances totalled 775, the vast majority of these involving drugs.

The third major cause of accidental deaths in the home is burns and scalds. Such accidents claimed 791 victims in 1967, i.e. 10% of the total. Under this general heading there are two main sub-categories. About nine out of ten of the victims died as a result of fire and explosion of combustible materials (burns due to clothing catching alight, by falling into the fire, conflagration etc.). The remaining fatalities were caused by hot substances, corrosive liquids and steam.

Suffocation and choking constitute the fourth main cause of fatal home accidents in Great Britain. There were 742 deaths under this heading in 1967, over 9% of the total. About two out of three of the fatalities were due to choking over food. The majority of the remaining deaths were caused by suffocating in beds, cots and cradles. Seventy-one % of the victims of accidental suffocation and choking were babies and children under five years old.

Lastly, deaths due to other miscellaneous causes totalled 489 in 1967. In the case of drowning accidents there were 75 fatalities, and deaths due to electrocution numbered 70. Other causes included excessive cold (38 deaths), blows from falling objects, etc. (31), lack of care of infants under one year old (28), firearms (27) and foreign bodies in orifice (20).

Note : As in the previous analysis in this series, this analysis includes deaths in Scottish residential institutions (which numbered 97 in 1967 and 82 in 1966).

The figures in this analysis are taken from the Registrar General's Statistical Review of England and Wales for the Year 1967 (Part 1—Medical Tables) and from the Annual Report of the Registrar General for Scotland, 1967 (No. 113). ROSPA also produces separate statistical analyses of home accident deaths covering England and Wales only (which is extra detailed) and Scotland.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES.

Laboratory Service. The area is covered by the public health laboratory at Northampton directed by Dr. Hoyle, and a laboratory at Kettering General Hospital with a branch at the Rushden Memorial Hospital, The Hayway, Rushden directed by Dr. Voss. The Public Health Laboratory at Northampton provides facilities for the routine examination of water and milk samples, washed bottle rinses, churn rinses and the examination of ice-cream and ice lolly samples. Both laboratories provide facilities for the examination of specimens in connection with the control of communicable diseases. The laboratories at the Hayway and the Park Hospital, Wellingborough serve the public by providing facilities for the examination of specimens for patients on the direction of their own family doctor.

Ambulance Service, Nursing in the Home and Home Help. The services are provided by the County Council and the area is well covered. All three provide an excellent service to the community.

Hospital Accommodation and Out-patient Facilities. The Oxford Regional Hospital Board is responsible for these services a list of which is as follows :

General Hospitals—Northampton and Kettering.

Wellingborough:

Wellingborough Hospital—Gynæcological.

Highfield Hospital—Acute medical and skin cases and children.

Park Hospital—Chronic sick, the aged and old persons in need of care and attention.

Maternity Block attached to the Park Hospital.

Rushden Hospital—Tuberculosis and other diseases of the chest. Also beds available for skin cases.

Northampton :

Manfield Orthopædic Hospital.

Infectious Diseases—Harborough Road Hospital.

Out-patient facilities are available at the General Hospitals and also at the Rushden Memorial Hospital. The following out-patient clinics are held at the Rushden Memorial Hospital.

Gynaecological/	...	Alternate Monday mornings
Obstetrical	...	(except last Monday in month)
		Alternate Tuesday mornings
		2nd, 4th and 5th Wednesday afternoons
Medical	...	2nd and 4th Monday afternoons
		Alternate Tuesday mornings
		2nd and 4th Tuesday afternoons
		1st, 3rd and 5th Friday mornings
Dietician	...	1st Tuesday mornings
Surgical	...	1st and 3rd Tuesday afternoons
		2nd and 4th Friday mornings
E.N.T.	...	2nd and 4th Wednesday mornings
		1st, 3rd and 5th Wednesday afternoons
Eyes	...	Every Thursday morning and
		Alternate Thursday afternoons
		(either hospital or school)
Orthoptist	...	Thursday mornings and afternoons
Physiotherapy	...	Monday afternoons
		Alternate Friday afternoons
Psychiatric	...	Thursday afternoons
Skin	...	Thursday mornings
Paediatric	...	Wednesday mornings
Diabetic	...	1st Monday afternoon
Orthopaedic	...	1st and 3rd Friday afternoons

Infant Welfare Centres. The County Council provide this service and the centre is situated off Rectory Road. The welfare centre is held on Wednesday afternoons.

Rushden Senior Citizens' Goodwill Committee. This committee continued its good work amongst the old people of the town. During the year regular visits were made through ward committees to old people who were in hospital and who might otherwise have felt lonely and forgotten. At Christmas, parcels attractive gifts and 26 gift vouchers of £2/10/- each were distributed and during the summer five patients had a fortnight's holiday at Cliftonville. The public spirited people who give so much of their time to this worthwhile cause are thanked for their valuable service to the community.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply. The Higham Ferrers and Rushden Water Board is responsible for the water supply to the Borough. The Board provides a treated water supply and the sources of supply are as follows :

Above Ground Source—Sywell Reservoir, which has a capacity of 236,000,000 gallons, and is situated in the Wellingborough Rural District. The reservoir is dependent upon springs and surface rainwater from the surrounding catchment area, also two small brooks flow into the reservoir. The size of the catchment area is approximately 2,000 acres. Treatment of water at these works consists of slow sand filtration, rapid gravity filtration, followed by chlorination.

Under Ground Source of Supply—(a) Hardwater Crossing, Wollaston. The source of supply here is from wells sunk in the Nene river gravels. The water from this source is rather hard. Treatment of water consists of mechanical filtration, followed by chlorination.

(b) *Ditchford.* Water is extracted from the gravels by porous concrete collector ducts which are laid in the alluvial gravels adjacent to Ditchford lake. Treatment of water consists of rapid gravity filtration, partial softening, aeration, and finally, chlorination.

(c) Further sources of supply belonging to the Board are a gravel well at Earls Barton and springs at Grendon.

Quality of Water. The chemical analyses of water taken at Ditchford, Sywell and Wollaston Pumping Stations gave the following results :

				<i>Final Water</i>	<i>Final Water</i>	<i>Final Water</i>
				<i>Wollaston</i>	<i>Ditchford</i>	<i>Sywell</i>
				<i>Works</i>	<i>Works</i>	<i>Works</i>
Physical Characters	...	...	...	Good	Good	Good
Reaction	...	...	...	p.H. 7.2	7.3	7.4

Chemical Analysis

<i>Samples Contained</i>	<i>Parts per 100,000</i>		
	<i>Sywell</i> <i>(treated)</i>	<i>Ditchford</i> <i>(treated)</i>	<i>Wollaston</i> <i>(treated)</i>
Chloride	3.3	4.9	4.5
Ammonia (Free and Saline)	0.0112	nil	0.0274
Ammonia (Albuminoid) ...	0.0176	0.0094	0.0080
Oxygen absorbed in 3 hours at 37°C	0.1318	0.0660	0.0909
Nitrate	0.20	0.10	nil
Nitrite	absent	absent	absent
Poisonous Metals	absent	absent	absent
Calcium	8.65	12.84	12.82
Magnesium	0.84	1.10	0.98
Alkalinity	18.5	24.5	26.0
Total Hardness	21.4	33.2	31.2
Permanent hardness ...	10.8	14.9	14.0
Temporary hardness ...	10.6	18.3	17.2
Microscopic examination of deposit	none	none	none
Bacteriological examination	c.o. absent	c.o. absent	c.o. absent

Water Samples. 516 samples were taken in the area of the Board during the year. Samples of treated water all gave satisfactory results.

Water Consumption. The following are combined figures for Rushden and Higham Ferrers.

	<i>gallons</i>
Average daily consumption ...	316,000
Domestic Use :	
Average per day	687,000
Trade Use :	
Average per day	129,000
Consumption/Head/Day	
Domestic	34.00
Trade	5.38

Piped Water Supply. New services. Private 34, Council 26.

The rainfall over the past 12 years was as follows:

		1956	1957	1958	1959	1960	1961	1962	1963
Rushden	...	22.83	23.72	26.85	18.4	31.64	18.90	19.27	21.45
Sywell	...	25.23	24.51	30.54	20.5	33.74	20.80	18.91	22.23
		1964	1965	1966	1967	1968			
		18.22	25.89	28.89	20.22	30.43			
		16.35	28.98	28.96	25.23	28.29			

Sewage Disposal, Drainage and Sewerage. The sewage disposal plant for the town is situated off the Wellingborough Road, and is well screened.

Trade effluents. Council investigate trade waste and effected trade effluent agreements with industry in 1965.

Disinfection. A steam disinfection station is maintained by the Council. Articles of clothing and bedding associated with cases of infectious diseases are sent here for disinfection. A service is also provided by request for neighbouring authorities to have similar work carried out.

Disinfection of houses following cases of infectious disease is carried out where necessary.

Swimming Baths. A heated open-air swimming pool run by the council is open during the summer months. A daily check on the quality of the baths water is made by the swimming baths manager, and monthly samples are taken by the Health Department for bacteriological examination.

Movable Dwellings. There is one licensed site for caravans. This is situated off the Bedford Road. It is a very well maintained site and the necessary amenities for the caravan dwellers are provided.

Public Cleansing. There is a weekly collection of household refuse and also facilities available for the tipping of trade waste. The tip is situated off the Bedford Road, and controlled tipping is carried out.

Atmospheric Pollution. The following figures give a comparison between the results of the deposit gauges and the estimated sulphur in the atmosphere by the lead peroxide method. Rainfall is also given.

<i>Month</i>		<i>Deposited Sulphur</i>					
		<i>Rainfall</i>		<i>Deposited Matter</i>		<i>Milligrammes per</i>	
		<i>Inches</i>		<i>Tons per sq. mile</i>		<i>100 sq. centimetres</i>	
		1967	1968	1967	1968	1967	1968
January	...	0.87	1.89	5.07	24.58	1.80	1.47
February	...	1.77	1.30	5.67	5.57	2.44	1.14
March	...	1.02	0.75	10.54	11.74	1.13	1.16
April	...	1.93	2.05	10.81	14.01	1.06	0.86
May	...	3.55	1.93	12.1	4.67	1.23	0.44
June	...	1.06	1.54	5.04	9.30	0.48	0.37
July	...	0.83	5.67	5.14	11.84	0.40	0.52
August	...	1.34	2.96	3.64	6.6	0.39	0.38
September	...	1.69	4.37	5.67	10.6	0.68	0.55
October	...	3.35	2.05	0.90	6.1	4.54	0.83
November	...	1.14	2.05	4.81	7.07	2.40	1.10
December	...	1.42	1.5	6.47	6.74	1.54	1.66

Noise Abatement Act, 1960. The Council is responsible for investigating complaints under this Act, although it is often difficult to find a satisfactory solution to noise nuisance.

SECTION D.

HOUSING.

The Council's building programme for the year was as follows:

No. of council houses constructed ...	...	...	...	28
No. under construction at the end of the year ...	...	...	...	—
No. of houses built by the Council since the war	...	...	...	1,083
Private houses constructed during the year	...	...	...	172
Private houses under construction at the end of the year	...	...	...	124

Clearance of Unfit Properties

Houses Closed

38 Pratt Road	...	...	...	...	1
30 Duck Street (by Informal Undertaking)	1

Houses Demolished in Clearance Areas

11-29 North Street	10
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Housing Applicants. The situation with regard to applicants for Council houses was as follows:

<i>On general housing list</i>	<i>In Rooms</i>	<i>Tenants</i>	<i>Engaged Couples</i>	<i>Total</i>
(a) Having completed a waiting period of 9 months ...	8	63	12	83
(b) Under 9 months (50% of nominal list) ...	—	—	—	40
(c) Applications for bungalows and 1 bedroomed flats ...	—	—	—	110
(d) Awaiting re-housing from clearance areas and condemned houses ...	—	—	—	—
				233

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

Food Premises. In order to maintain satisfactory high standards of food hygiene, frequent inspection of food premises is necessary. Routine inspection can only be carried out when personnel are available, but with shortage of staff, this important work suffers. During the year 30 samples of milk were taken, all were satisfactory.

Manufacture and Sale of Ice-Cream. 73 premises are registered for the sale of ice-cream. One for bulk, one for cold mix and 71 for pre-packed. During the year 33 samples were taken, all were Grade One.

Food and Drugs Act, 1955

SAMPLES TAKEN IN RUSHDEN URBAN DISTRICT IN THE 12 MONTHS ENDING 31ST MARCH, 1969*

Milk	...	...	28	Brought forward	...	40
Almond Paste	...	...	2	Drugs	...	5
Beer	...	...	2	Fish spread	...	1
Buttered Rolls	...	...	1	Fruit	...	3
Buttered toast	...	...	1	Ice cream	...	1
Cake	...	...	1	Lard	...	1
Coffee	...	...	1	Margarine	...	1
Cream	...	...	3	Meat products	...	14
Custard powder	...	...	1	Wines and spirits	...	7
Carried forward			40	Total	...	73

Remarks

Three of the samples which were purchased in the Urban District during the period under review were reported as unsatisfactory by the Public Analyst.

An informal sample of buttered rolls was reported by the Analyst to be spread with a mixture consisting of 14% butter and 86% margarine. A formal sample of buttered toast was therefore purchased from the same source and this too was reported to be spread with a mixture of 10% butter and 90% margarine.

The owner of the business explained that his waitress had passed on to him only an order for "toast" and not for "buttered toast". As the waitress was 80 years of age, it was thought that she might not have

heard the inspector's request for " buttered " toast and in the circumstances it was decided to issue a written warning rather than to take legal action.

A steak and kidney pie which was submitted for examination was reported to contain only 1.1 ounces of meat whereas the Meat Pie and Sausage Roll Regulations, 1967 (which came into operation on 31st May, 1968) require for this weight of pie at least 1.5 ounces of meat.

The matter was taken up with the manufacturers, who stated that they had been having difficulty with the meat portioning device on their pie forming machine. They gave an assurance that the fault had been rectified and that random tests would be made to ensure that such an accident did not recur.

With acknowledgement and thanks to the Chief Inspector, Weights and Measures Department, Northamptonshire.

Meat Inspection. An abattoir is situated within the district, and a full time meat inspector was appointed during the year to carry out 100% inspection of all animals slaughtered, including ante-mortem inspection, in conjunction with the Public Health Inspectors, and be available at all times during slaughter to administer the various Acts and Regulations in force regarding cruelty and hygiene.

The new Imported Food Regulations 1968 place new responsibilities on inland local authorities regarding imported food which, when not inspected at the ports, is inspected at the abattoirs to which it is distributed, including Rushden.

PART I

(A) **MEAT INSPECTION**

<i>Carcases inspected and condemned</i>			<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	...	...			
Number <i>not</i> inspected	...	...	2,499	7		5,348	4,268
All diseases except Tuberculosis and Cysticerci							
Whole carcasses condemned	...		4			2	15
Carcases of which some part or organ was condemned	...		406			518	686
Tuberculosis only							
Whole carcasses condemned	...						
Carcases of which some part or organ was condemned	...		6				6
Cysticerci							
Carcases of which some part or organ was condemned	...		29				
Carcases submitted to refrigeration			21				
Generalised and totally condemned			1				

(B) MEAT SPECIMENS EXAMINED

The number of meat specimens from slaughterhouses submitted to laboratories for examination.

(c) MEAT INSPECTION (AMENDMENT) REGULATIONS 1966

How many orders have been made specifying days and time of slaughtering at any slaughterhouses in the district

... .. None

(D) POULTRY

1. Number of poultry slaughtering establishments None

2. Total estimated average weekly throughout Nil

PART II SLAUGHTERHOUSES

Prevention of Cruelty Regulations

Number of (a) prosecutions Nil

(b) convictions Nil

Hygiene Regulations

(1) PART III EQUIPMENT

Number of (a) prosecutions Nil

(b) convictions Nil

(2) PART IV HYGIENIC PRACTICES

Number of (a) prosecutions Nil

(b) convictions Nil

(F) UNSOUND FOOD SURRENDERED OR CONDEMNED

					<i>Tons</i>	<i>Cwts</i>	<i>lbs</i>
1. Meat at slaughterhouses	...	...	...	...	12	7	48
2. Meat at wholesale premises	...	...	...	...		1	101
3. Meat at retail shops	...	...	...	...
4. Cooked meat and meat products	...	...	...	...
5. Canned meats	...	...	...	...		5	48
6. Other canned foods	...	...	...	...		5	20
7. Fish	...	...	...	...			36
8. Fruit and vegetables (fresh)	...	...	...	...
9. Other foods	...	...	...	...		16	66
Total	...	...	...	...	13	14	95

Offices, Shops & Railway Premises Acts, 1963

Upon the appointment of an Additional Public Health Inspector in September, the whole town was surveyed, and the register of premises employing staff was re-organised, a list of premises where no staff are employed compiled, and employers at premises to which the Act applied which were not registered were persuaded to do so. A start was then made on general inspections of registered premises and advice given and notices served on premises that did not fully meet the requirements of the Act.

SECTION F.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

Tuberculosis. There were nine cases of tuberculosis notified. Section H, Table 1 shows the number of deaths from tuberculosis since 1929. However, there were no deaths from tuberculosis during 1968.

The number of cases on the tuberculosis register was as follows :

			<i>Males</i>	<i>Females</i>	<i>Total</i>
Pulmonary Tuberculosis	...	...	25	15	40
Non-pulmonary Tuberculosis	...	...	11	16	27
			36	31	67

There is a very active After-Care Committee in the town which has continued to carry out its excellent work during the year. The Committee continues to hold such functions as sales collections and competitions.

Patients suffering from other disorders of the chest and heart have also been visited and members of the committee regularly visited patients in hospital.

During the year grants of milk, eggs and provisions were made to the patients and convalescent holidays and gifts at Christmas were also provided.

Table No. 5 on page 36 shows that the total number of cases of infectious diseases notified during the year was 127, a decrease of 334 on last year's figure.

There were no cases of smallpox, cerebrospinal fever, diphtheria, puerperal fever, poliomyelitis, erysipelas, typhoid fever, or meningococcal infections.

Measles. There were 98 cases. This highly infective illness from which few individuals escape has its incidence almost exclusively during childhood. It usually follows a biennial incidence, with high numbers

occurring in alternate years. The course of the illness is almost invariably benign, but complications which include otitis media, pneumonia, eye infections and very occasionally encephalitis do occur, and the illness itself is often severe. Complications can be effectively dealt with by the many antibiotics which are now available, but these drugs are themselves not all without side effects, are expensive and involve medical supervision. An effective measles vaccine has now been developed and this was available for general use during the year. It is anticipated that in future years measles, in common with poliomyelitis and diphtheria will be virtually eradicated.

Whooping Cough. There was one notification. Acceptance rate to immunisation is high and the incidence of this condition is low. Cases still occur as immunisation is not completely effective, however, in the majority of children who have received immunisation the illness is usually mild.

Scarlet Fever. 4 cases were notified. This disease continues to exhibit its mild phase. The principal interest in its notification is that it gives some indication of the degree of streptococcal infection in the community.

Poliomyelitis. No cases occurred, and this freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

Food Poisoning. Three cases were notified, but no pathogenic organisms were isolated.

The condition is usually caused by one of the Salmonella organisms of which there are a large number. The commonest strain being that of typhimurium. Salmonella infection is common in bovines, and the incidence of infection on farms is now notified by the Divisional Veterinary Officer to the Medical Officer of Health. Farm workers are then warned of the possibility of human infection, and given details of hygiene precautions to prevent incidence in themselves or their families.

Other causes of food poisoning are staphylococcus which may gain entry to food from an infected spot on the face, hands or arms of a food handler which may cause a severe form of the illness. As the symptoms result from a toxin which is unaffected by heat, cooking the infected food, in this case does not prevent the illness. More rarely typhoid fever,

botulism or chemical contaminants may occur. However the commonest germ is the salmonella which gains entry into food because of the faulty personal hygiene of food handlers. The sources of infection are numerous probably uncooked contaminated (often imported) meat being today one of the most frequent.

Smallpox. There were no cases. The vaccination of children is still necessary and should be carried out sometime during the first two years of life, preferably between the first and second year.

Diphtheria. There have been no cases of diphtheria in Northamptonshire since 1956. There is therefore with each successive year of freedom from infection, a diminishing recollection of the dangers of this illness. Mothers without knowledge of the disease feel a false security and may not have their children immunised. That this is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the numbers of children immunised that the disease is kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so they neglect their welfare.

Sonne Dysentery. There were 20 cases notified during the year. Four cases were single, with no spread of infection to contacts. The rest occurred as a small outbreak of infection ; the primary cause occurring among young children infected either at school or in contact at play and subsequently spreading to their parents. Four families only were involved, and the outbreak was soon contained. Illness was mild in all patients and response to treatment satisfactory.

Infective Jaundice. The Minister of Health gave sanction that this disease should be made locally notifiable as from 1st July, 1962. By arrangement with other District Councils this also became operative in the County of Northamptonshire. Four cases were notified during the year.

Acute Infective Hepatitis is a disease caused by a virus, which attacks the liver and causes jaundice. It is mainly an infection of young people of faecal-oral spread, and with an incubation period of 15-50 days. The incriminative routes of infection are from food handlers, water and children to their mothers. The virus is present in faeces 16 days before jaundice and up to 8 days after. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days and affects mainly adults and can be spread by blood transfusion and inefficiently sterilised equipment used by doctors, dentists, nurses and drug addicts, and in the various tattooing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific

treatment and a jaundiced adult would be away from work from six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value, and patients can be treated at home or in hospital provided adequate hand washing techniques are practised, with current disinfection of excreta. Serum hepatitis can be virtually abolished, if disposal equipment was generally introduced. In this County disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant women during epidemics.

Under the Health Services and Public Health Act 1968, infective jaundice has now become nationally notifiable since October 1968.

SECTION G.

THE FACTORIES ACT, 1937 to 1961

There are 162 premises on the register. Fourteen inspections were carried out during the year. Further information is given in Section H. Table No. 7 Under Section 133, the number of outworkers (Part VIII of the Act) in the August list totalled 76 who were concerned with making wearing apparel.

SECTION H.

STATISTICAL TABLES.

TABLE NO. 1.

DEATHS FROM SELECTED CAUSES, 1929-1968.

Year	Non-Pulmonary Tuberculosis		Pulmonary Tuberculosis		Cancer		Diseases of Heart and Blood Vessels		Bronchitis, Pneumonia and other Respiratory Diseases	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1929	—	—	12	0.85	21	1.49	39	2.76	9	0.64
1930	1	0.08	7	0.49	11	0.78	38	2.71	16	1.14
1931	—	—	10	0.70	17	1.18	47	3.29	23	1.61
1932	1	0.07	10	0.70	10	0.70	48	3.37	18	1.26
1933	2	0.13	14	0.97	20	1.39	53	3.69	9	0.62
1934	1	0.07	10	0.69	22	1.52	81	5.62	9	0.62
1935	6	0.41	5	0.34	16	1.09	51	3.50	12	0.82
1936	3	0.20	9	0.61	18	1.22	66	4.47	12	0.81
1937	—	—	4	0.26	21	1.41	68	4.56	10	0.67
1938	—	—	10	0.66	23	1.52	69	4.57	7	0.46
1939	1	0.06	11	0.70	23	1.46	57	3.63	9	0.57
1940	3	0.17	10	0.60	32	1.92	78	4.69	23	1.38
1941	1	0.06	13	0.52	32	1.81	79	4.48	26	1.47
1942	1	0.06	7	0.43	28	1.72	72	4.42	13	0.80
1943	—	—	5	0.32	32	2.00	51	3.29	20	1.29
1944	4	0.26	7	0.46	22	1.45	101	6.66	22	1.45
1945	2	0.14	4	0.28	24	1.76	101	7.17	9	0.63
1946	3	0.19	7	0.46	29	1.90	106	6.31	18	1.18
1947	1	0.06	8	0.51	15	0.97	115	7.44	17	1.10
1948	—	—	6	0.36	30	1.83	95	5.82	16	0.98
1949	2	0.12	7	0.42	31	1.88	123	7.49	23	1.40
1950	—	—	3	0.18	34	2.06	117	7.10	26	1.57
1951	1	0.06	3	0.18	26	1.60	93	5.73	24	1.47
1952	2	0.12	8	0.49	41	2.52	102	6.27	17	1.04
1953	—	—	3	0.18	28	1.70	85	5.18	16	0.97
1954	—	—	1	0.06	29	1.75	110	6.65	19	1.14
1955	—	—	—	—	28	1.69	108	6.52	18	1.08
1956	—	—	1	0.06	25	1.50	133	8.02	23	1.38
1957	—	—	—	—	34	2.03	84	5.03	16	0.95
1958	—	—	1	0.05	39	2.31	91	5.42	15	0.89
1959	—	—	3	0.17	39	2.29	112	6.59	14	0.82
1960	—	—	1	0.05	41	2.39	94	5.48	23	1.34
1961	—	—	2	0.11	40	2.30	84	4.83	26	1.49
1962	—	—	—	—	43	2.46	98	5.03	24	1.31
1963	—	—	—	—	28	1.71	113	6.44	36	2.05
1964	—	—	1	0.06	45	2.57	93	5.32	10	0.57
1965	—	—	—	—	43	2.44	101	5.74	17	0.97
1966	—	—	—	—	59	3.34	115	6.50	22	1.24
1967	—	—	1	0.06	39	2.21	107	6.05	21	1.19
1968	—	—	—	—	71	3.98	101	5.66	30	1.68

TABLE NO. 2

CAUSES OF DEATH OF CHILDREN UNDER ONE YEAR—1968.

<i>Age</i>	<i>Causes of death</i>	<i>Total</i>
Under 1 week	Premature Birth	1
	Congenital Abnormality	1
	Hæmolytic disease	—
5 weeks to 52 weeks	Infectious disease	—
	Other causes	1
	TOTAL ...	3

TABLE NO. 3.

DEATH AND BIRTH RATES FOR 1899-1968.

Year	Estimated Population mid-year	Net Births		Net Deaths belonging to District			
		No.	Rate per 1,000 pop'tion	Under 1 year		At all Ages	
				No.	Rate per 1,000 Live B'ths	No.	Rate per 1,000 pop'tion
1899	12,245	463	37.8	49	105.8	145	11.8
1900	14,359	434	30.2	65	149.0	153	10.6
1905	14,089	328	23.2	36	109.7	119	8.4
1910	16,442	278	16.9	20	71.9	128	7.7
1915	13,787	277	19.9	30	108.3	145	10.5
1920	14,402	328	22.7	24	73.1	133	9.2
1925	13,780	211	15.3	13	61.6	138	10.0
1930	14,020	191	13.6	7	36.6	121	8.6
1935	14,550	176	12.1	15	85.2	155	10.7
1940	16,580	200	12.4	16	77.7	233	14.1
1941	17,600	193	10.9	11	54.1	185	10.5
1942	16,250	251	15.5	6	23.9	163	10.0
1943	15,490	281	18.1	8	28.4	172	11.1
1944	15,140	278	18.4	15	53.9	202	13.3
1945	14,070	282	20.0	14	49.6	176	12.6
1946	15,210	270	17.74	9	33.33	215	14.13
1947	15,440	308	19.94	8	25.97	200	12.95
1948	16,320	283	17.34	9	31.80	184	11.27
1949	16,410	219	13.34	3	13.69	221	13.46
1950	16,460	227	13.79	10	44.05	222	13.48
1951	16,220	199	12.26	1	5.02	218	13.44
1952	16,250	200	12.30	1	5.00	204	12.55
1953	16,390	229	13.97	2	8.73	156	9.51
1954	16,540	229	13.84	7	30.56	187	11.30
1955	16,560	221	13.34	7	31.67	187	11.29
1956	16,580	221	13.32	2	9.04	209	12.60
1957	16,670	233	13.97	5	21.45	162	9.71
1958	16,760	242	14.43	3	12.39	175	10.44
1959	16,990	266	15.65	7	26.31	203	11.94
1960	17,140	269	15.69	4	14.86	191	11.14
1961	17,360	282	16.24	3	10.63	181	10.42
1962	17,470	293	16.77	8	27.30	203	11.61
1963	17,540	320	18.25	5	15.62	226	12.82
1964	17,490	319	18.24	6	18.81	199	11.38
1965	17,590	363	20.63	5	13.81	216	12.28
1966	17,680	355	20.08	4	11.27	226	12.78
1967	17,690	333	18.82	9	27.00	200	11.3
1968	17,850	358	20.1	3	8.4	233	13.0

**COMPARISON OF STILLBIRTHS, ILLEGITIMATE BIRTHS
AND MASCULINITY OF BIRTH.
1939-68.**

<i>Year</i>	<i>Stillbirths per 1,000.</i>		<i>Illegitimate births per 1,000 births.</i>	<i>Male births per 1,000 live female births.</i>
	<i>Population of all ages.</i>	<i>Total births (live and still).</i>		
1939	0.51	34.34	48.89	1008
1940	0.42	33.89	25.00	923
1941	0.51	44.54	56.99	1144
1942	0.31	19.54	75.70	1002
1943	0.89	47.45	53.46	1006
1944	0.55	32.05	133.09	1122
1945	0.21	20.83	95.74	1389
1946	0.39	21.73	55.55	1368
1947	0.38	25.47	32.46	1013
1948	0.61	34.12	42.40	1035
1949	0.12	9.04	36.52	1126
1950	0.30	21.55	30.83	1026
1951	0.18	14.85	35.17	809
1952	0.12	9.90	50.00	1000
1953	0.61	41.84	43.66	1385
1954	0.18	12.93	69.86	1063
1955	0.30	22.12	45.24	1046
1956	0.30	22.12	36.19	1302
1957	0.35	20.92	30.04	1099
1958	0.29	20.24	37.19	819
1959	0.35	22.05	71.42	1180
1960	0.23	14.65	22.30	921
1961	0.34	20.83	46.09	880
1962	0.17	10.13	51.19	927
1963	0.34	18.40	75.00	964
1964	0.40	21.47	58.28	1492
1965	0.17	8.19	41.32	984
1966	0.45	22.04	30.30	972
1967	0.60	21.00	15.1	1018
1968	0.17	8.4	76.0	1169

TABLE NO. 5.

QUARTERLY INCIDENCE OF NOTIFIABLE DISEASES—1967
(Other than Tuberculosis.)

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Totals
Measles ...	2	1	13	82	98
Scarlet Fever ...	2	2	—	—	4
Whooping Cough	1	—	—	—	1
Infective Hepatitis	—	3	1	—	4
Dysentery ...	5	8	1	6	20
TOTAL ...	10	14	15	88	127

TABLE NO. 6.

Prescribed particulars on the administration of the Factories Act, 1961
for the year 1968.

PART I OF THE ACT

1.—**Inspections** for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written notices</i>	<i>Occupiers prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	155	14	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	2	—	—	—
TOTAL ...	162	14	1	Nil

2.—Cases in which **defects** were found—*One*.

